

# INDIANA PUBLIC DEFENDER COUNCIL

## Membership Information Form

Fax to 317-232-5524, email to [pdhelpdesk@pdc.in.gov](mailto:pdhelpdesk@pdc.in.gov), or mail to IPDC, 309 W Washington St, Ste 401, Indianapolis, IN 46204

**I certify that I meet the IPDC membership requirements as defined by IC 33-40-4-2:**

- ☐ salaried public defender ( ☐ full-time; ☐ part-time)
- ☐ contractual public defender
- ☐ appointed to represent indigent defendants pursuant to a uniform system of periodic appointments
- ☐ on the list maintained by the Public Defender Commission of attorneys qualified to be appointed in a capital case under Criminal Rule 24 and is willing to accept such an appointments

Name: \_\_\_\_\_

(please include previous name if recently changed)

Attorney No. (**REQUIRED**): \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I provide indigent defense representation in the following counties and courts (if more than three courts (counties), please indicate on an additional sheet of paper):**

County: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

☐ Circuit/ ☐ Superior

☐ Circuit/ ☐ Superior

☐ Circuit/ ☐ Superior

Ct. # or Name \_\_\_\_\_

Ct. # or Name \_\_\_\_\_

Ct. # or Name \_\_\_\_\_

☐ Murder

☐ Felony 1 thru 4

☐ Felony 5

☐ Felony 6

☐ Misdemeanor

☐ Juvenile Delinquency

☐ CHINS / TPR

☐ Death Penalty

☐ Child Support / Contempt

☐ Mental Health

☐ Appeals

☐ PCR

☐ Murder

☐ Felony 1 thru 4

☐ Felony 5

☐ Felony 6

☐ Misdemeanor

☐ Juvenile Delinquency

☐ CHINS / TPR

☐ Death Penalty

☐ Child Support / Contempt

☐ Mental Health

☐ Appeals

☐ PCR

☐ Murder

☐ Felony 1 thru 4

☐ Felony 5

☐ Felony 6

☐ Misdemeanor

☐ Juvenile Delinquency

☐ CHINS / TPR

☐ Death Penalty

☐ Child Support / Contempt

☐ Mental Health

☐ Appeals

☐ PCR

☐ I work in a Problem-Solving Court \_\_\_\_\_

(type of court)

**If I cease to meet IPDC membership requirements, I will notify IPDC immediately.**

Signature: \_\_\_\_\_